

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90003 003 \*\*\*\*61.25

<b>DOCUMENT # N03000000627</b> 1. Entity Name <b>VILLALAGO AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108</b> <i>96 Gulf Breeze Mgmt/96 Gulf Breeze Mgmt Svcs., LLC</i>		Mailing Address <b>8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108</b> <i>96 Gulf Breeze Mgmt/96 Gulf Breeze Mgmt Svcs., LLC</i>	
2. Principal Place of Business - No P.O. Box # <i>8910 TERRENE CT.</i>		3. Mailing Address <i>8910 TERRENE CT.</i>	
Suite, Apt. #, etc. <i>Suite 200</i>		Suite, Apt. #, etc. <i>Suite 200</i>	
City & State <i>Bonita Springs FL</i>		City & State <i>Bonita Springs FL</i>	
Zip <i>34135</i>		Zip <i>34135</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent  <b>SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., SUITE 205 ST. PETERSBURG, FL 33702-2472</b>		7. Name and Address of New Registered Agent Name <i>Weidner, Ralph L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>Suite 200, 8910 TERRENE CT.</i> City & State <i>Bonita Springs FL</i> Zip <i>34135</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Weidner, Ralph L.</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		SIGNATURE <i>Weidner, Ralph L.</i> <small>(NOTE: Registered agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHITMORE, JAMES 2950 IMMOKALEE RD, SUITE 2 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GREENE, Michael H. 18066 LAGO WAY NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SMITH, ALAN B 2950 IMMOKALEE RD, SUITE 2 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D CHERRY, James Lynn 18551 LAGO WAY NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FICHTER, THOMAS P JR 2950 IMMOKALEE RD, SUITE 2 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D SCHMIDTKE 18551 LAGO WAY NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COHEN, ANN S 877 EXECUTIVE CENTER DR. W., SUITE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., SUITE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/20/07</i> Daytime Phone # <i>596-5971</i>	

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01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 90-0069704 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name *Weidner, Ralph L.*  
 Street Address (P.O. Box Number is Not Acceptable) *Suite 200, 8910 TERRENE CT.*  
 City & State *Bonita Springs FL*  
 Zip *34135*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS  
 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/20/07* Daytime Phone # *596-5971*